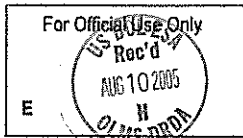


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. File Number U - <u>5724</u>                                                                                                                                                                                               | 2. Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>                                                                                                                                                                                             |
| 3. Name and address of person filing.<br>Name <u>Roy</u> <u>SULLIVAN</u><br>P.O. Box, Bldg., Room No., if any _____<br>Street <u>400 CHAPEL RD</u><br>City <u>SOUTH WINDSOR</u><br>State <u>CT</u> ZIP Code + 4 <u>06074</u> | 4. Name, file number, and address of labor organization.<br>Name <u>TEAMSTERS LOCAL # 559</u><br>Labor Organization File Number <u>092034</u><br>P.O. Box, Building and Room Number, if any _____<br>Street <u>400 CHAPEL RD</u><br>City <u>SOUTH WINDSOR</u><br>State <u>CT</u> ZIP Code + 4 <u>06074</u> |
| 5. Position in labor organization. <u>RECORDING SECRETARY &amp; TRUSTEE OF HEALTH &amp; WELFARE PLAN</u>                                                                                                                     |                                                                                                                                                                                                                                                                                                            |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|                                                                                                                                                                                                                                          |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |                                                                                    |
| 6. Name and address of Employer (including trade name, if any).<br>Name _____<br>Trade Name, if any: _____<br>P.O. Box, Bldg., Room No., if any _____<br>Street _____<br>City _____<br>State _____ ZIP Code + 4 _____                    | 7.a. Nature of Interest, Transaction, or Income.<br>_____<br>7.b. Amount.<br>_____ |

### Signature

|                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |                                                                |
| Signed <u>Roy Sullivan</u>                                                                                                                                                                                                                                                                                                                                                                                                                 | On <u>7-31-05</u> <u>860-528-9461</u><br>Date Telephone Number |

|                                                                                              |                |
|----------------------------------------------------------------------------------------------|----------------|
| Name of Person Filing <span style="font-size: 1.2em; margin-left: 10px;">Roy SULLIVAN</span> | File Number U- |
|----------------------------------------------------------------------------------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. Name and address of Business (including trade name, if any).<br><br>Name <span style="border: 1px solid black; padding: 2px;">TEAMSTERS LOCAL 559 HEALTH &amp; WELFARE PLAN</span><br><br>Trade Name, if any: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>Street <span style="border: 1px solid black; padding: 2px;">400 CHAPEL RD.</span><br><br>City <span style="border: 1px solid black; padding: 2px;">SOUTH WINDSOR</span><br><br>State <span style="border: 1px solid black; padding: 2px;">CT</span> ZIP Code + 4 <span style="border: 1px solid black; padding: 2px;">06074</span>                                                                                                              | 9. Business deals with:<br><br><input checked="" type="checkbox"/> a. Labor Organization<br><br><input type="checkbox"/> b. Trust<br><br><input type="checkbox"/> c. Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 10. If 9.b. or 9.c. is checked give trust or employer's name.<br><br>Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>Trade Name, if any: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>Street <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>State <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> ZIP Code + 4 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> | 11.a. Nature of such dealing.<br><br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">           TO AID IN THE ESTABLISHMENT<br/>OF THE HEALTH &amp; WELFARE BENEFITS<br/>FOR THE MEMBERSHIP OF LOCAL 559         </div><br>11.b. Approximate dollar value of such dealing. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span><br><br>12.a. Nature of interest held or income received.<br><br><div style="border: 1px solid black; padding: 5px; min-height: 80px;">           REPAYMENT OF TRUSTEE EXPENSES<br/>TO ATTEND CONFERENCE &amp; EDUCATIONAL<br/>MEETING         </div><br>12.b. Amount. <span style="border: 1px solid black; padding: 2px;">1,069.44</span> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).<br><br>Name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>Trade Name, if any: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>P.O. Box, Bldg., Room No., if any <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>Street <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>City <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span><br><br>State <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> ZIP Code + 4 <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em;"></span> | 14.a. Nature of payment<br><br><div style="border: 1px solid black; min-height: 150px;"></div><br>14.b. Amount of payment. <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em;"></span> |
| 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                               |